



The City of San Diego
ENVIRONMENTAL SERVICES DEPARTMENT
9601 Ridgehaven Court, Suite 320, San Diego CA 92123-1636

SPECIAL WASTE DISPOSAL REQUEST

GENERATOR

Name: _____

Address: _____

CONTACT

Name: _____

Title: _____

Phone #: _____

Address Where Waste is Generated: _____

Transporter Name: _____

WASTE INFORMATION

1. Physical description (example: dry sandblast grit, % moisture): _____

2. Amount of waste to be disposed per unit time (example: 500 pounds/day): _____

Estimated number of loads: _____

3. Describe the process and materials used to generate the waste: _____

CERTIFICATION by the responsible manager(s) of the establishment.

"I certify under penalty of law that I have personally examined and am familiar with the information submitted in this notification and all attachments and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I certify that the waste is nonhazardous based on testing of the waste and applying knowledge of the characteristics of the waste in light of the materials or the processes used. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment."

Name (print): _____ Signature: _____

Title: _____ Date: _____

Note: You must attach a copy of the laboratory results and Chain of Custody document to this form. All sampling and analysis must meet the procedures specified in California Code of Regulations, Title 22, Division 4.5, Chapter 11.

OFFICE USE

☐ Approve ☐ Disapprove – Reason: _____

Requirements: ☐ Special Handling ☐ Manifest ☐ None

Inspector Name: _____ Date: _____

WHITE: ENVIRONMENTAL PROTECTION CANARY: RETURN TO GENERATOR AFTER REVIEW PINK: GENERATOR RETAINS